

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073202

1. Entity Name

L & S TRANSPORT, INC.

Principal Place of Business

6133 AVALON ROAD  
WINTER GARDEN FL 34787

Mailing Address

P O BOX 771912  
WINTER GARDEN FL 34777-92  
US

2. Principal Place of Business

3. Mailing Address

P O BOX 770195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER GDN, FL

Zip

Country

Zip

Country

34777-0195 ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILGUERO, GRACIELA  
6133 AVALON ROAD  
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SILGUERO, GRACIELA  
CITY-ST-ZIP 462 CHARLOTTE STREET  
WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SILGUERO, JANE  
CITY-ST-ZIP 462 CHARLOTTE STREET  
WINTER GARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Graciela Silguero* President 4/26/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 10, 2002 8:00 am  
Secretary of State

05-10-2002 90058 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)